



TESTIMONY

Submitted by Tracy Wodatch, VP of Clinical and Regulatory Services
The Connecticut Association for Healthcare at Home

Before the Connecticut Aging Committee

February 26, 2013

Raised Bill No. 937

An Act Concerning Care for Elderly Persons in a Home Setting Rather than a Nursing Home Facility

Senator Ayala, Representative Serra and members of the Aging Committee, my name is Tracy Wodatch and I am the Vice President of Clinical and Regulatory Services at the Connecticut Association for Healthcare at Home. I am also a Registered Nurse with 30 years experience in home care and hospice as well as long term care and hospital settings.

Our Association represents 60 licensed and certified home health and hospice agencies and nearly 25 private duty agencies that perform well over 5-million home health and community-based visits in our inner cities and rural Connecticut towns each year.

With a growing Connecticut workforce of 11,000 employees and skilled nurses, *we* are the *only* health providers that walk through the front doors of 14,000 state residents each day and understand the value that technology and interactive data communication brings to person-centered care.

We SUPPORT care for Elderly Persons in a Home Setting rather than a Nursing Home, but we have some reservations about the projected goal of SB 937 which is to ensure 75% of elderly persons in need of long-term care receive such care in a home setting by December 31, 2015.

CT Association for Healthcare at Home fully supports the rebalancing initiative and collaborates closely with the Department of Social Services (DSS) and the Money Follows the Person program. As of December 31, 2012, 57% of those needing long-term services and supports received such care in a home setting with 43% receiving care in a nursing home. These percentages, although showing a positive swing toward home and community services, compare to 2007 52% in home and 48% in nursing home. To reach 75% in home setting by the end of 2015 is an extremely aggressive goal.

For such a goal to be reached, significant efficiencies especially within DSS must be achieved now versus later. The MFP program doesn't have enough staffing currently to manage a workload that has grown by 200% since 1st quarter of 2009 (average number transitioned to home per quarter in 2009 was 150; that number grew to over 300 by the end of 2012).



CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME

Also, there is a known problem with processing Medicaid eligibility which slows down transitions and the ability to maintain services and supports for those already living in the community. The untimely eligibility issues can often result in a crisis situation which may cause increased hospitalization and emergency placements.

A major efficiency in process to improve access of Medicaid services for Connecticut residents is ConneCT. DSS has embarked on this initiative to modernize and upgrade service delivery, which will transform the way DSS does business by giving staff the tools they need to get the work done in a more timely and efficient manner. However, the final stages of implementation will not be until 2014.

Lastly and perhaps most importantly is the concern over the current reimbursement structure. As more people in need of long-term services and supports move to the community or stay in the community, the workforce need will grow exponentially. The case mix of the individual in the community today versus 2007 has become far more complex—they have greater physical, medical and psychosocial needs. These complex needs are often met with diminished family/personal caregiver support causing a greater reliance on an adequate workforce that is properly reimbursed for the care provided. Since 2007, the home health providers have not received an increase in their Medicaid reimbursed rate which currently is \$0.60 on the \$1.00.

All of these challenges outlined above are being addressed through multiple collaborations, committees, and councils. Until the solutions are implemented, the ability to meet a goal of 75% in home setting versus 25% in nursing homes by 2015 will remain a struggle.

Thank you for the opportunity to submit testimony on an issue that greatly impacts home and community-based services. Please contact me with questions as you wish (Wodatch@CTHealthcareAtHome.org).